

Certification of Mailing or Facsimile Transmission	
I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being submitted as indicated below:	
[ X ] facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 872-9306.	
Leslie J. Yetter	26-598
Name	Registration No. (if applicable)
<i>[Signature]</i>	
Signature	March 16, 2005
Date	

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CENTRAL FAX CENTER

MAR 16 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/713,452  
 Applicant(s) : Leslie Dawn Waits  
 Filed : 11/14/2003  
 Title : Automatic Dishwashing Detergent Composition  
 Comprising Comprising Encapsulated Glassware  
 Active Salt  
 TC/A.U. : 1700/1751  
 Examiner : J.M. Petruncio  
 Conf. No. : 9644  
 Docket No. : 9101  
 Customer No. : 27752

**AMENDMENT**

Commissioner for Patents  
 VIA FACSIMILE 703/872-9306  
 Dear Sir:

This is in response to the Office Action of 11/17/04, the time for response having  
 been extended by one-month by payment of the fee, as authorized by the papers  
 submitted herewith.

*Amendments to the Claims* begin on page 2 of this paper.

*Remarks* begin on page 7 of this paper.

Procter &amp; Gamble - I.P. Division

MAR 16 2005

## IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telex transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telexed information is strictly prohibited. If you have received this telex in error, please immediately notify us by telephone (collect) to arrange for return of the telexed document to us.

FACSIMILE TRANSMITTAL SHEET AND  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

TO: Official Application Related Correspondance - United States Patent and Trademark Office

Fax No. 703/872-8306 Phone No.

*I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on March 16, 2005, to the above-identified facsimile number.*

 (Signature)

FROM: Bridget Harris for Jerry J. Yetter, Esq. (Typed or printed name of person signing Certificate)

Fax No. 513/627-0375 Phone No. 513/627-2996

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

Number of Pages Including this Page: 13

- 1) Response transmittal - in duplicate
- 2) Amendment - 8 pgs.
- 3) PTO/SB17 fee transmittal - in duplicate
- 4)
- 5)

Comments:

Inventor(s): Waits

S.N.: 10/713,452

Filed: 11/14/03

Docket No.: 9101

\*\*Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

Certification of Mailing or Facsimile Transmission

I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being submitted as indicated below:

Facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 672-9306

Attn: J. Yetter \_\_\_\_\_ 26,598  
Name \_\_\_\_\_ Registration No. (if applicable) \_\_\_\_\_  
Signature \_\_\_\_\_ 3/16/05  
Signature \_\_\_\_\_ Date \_\_\_\_\_

RECEIVED  
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MAR 16 2005

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT

COMMISSIONER FOR PATENTS  
VIA FACSIMILE 703/872-9306

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/713,452  
Applicant(s) : Leslie Dawn Waits  
Filed : 11/14/2003  
Title : Automatic Dishwashing Detergent Composition  
Comprising Comprising Encapsulated Glassware  
Active Salt  
TC/A.U. : 1700/1751  
Examiner : J.M. Petruncio  
Conf. No. : 9644  
Docket No. : 9101  
Customer No. : 27752

- No additional fees (claims fees or extension fees) are known to be required.
- The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA*	RATE	Fee
<b>TOTAL</b>	* 26	MINUS	** 33	= 0	x \$ 50 =	\$	
<b>INDEP.</b>	* 2	MINUS	*** 3	=	x \$200 =	\$	
<b>FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</b>						<b>+ \$360 =</b>	<b>\$</b>
						<b>TOTAL</b>	<b>\$</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated 11/17/2004 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: **\$120.00** for a one-month extension of time.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - Any patent application processing fees under 37 CFR §1.16.
  - Any patent application processing fees under 37 CFR §1.17.
- The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

By

J. Yetter  
Jerry J. Yetter

Date: March 16, 2005

Customer No. 27752

(Transamd.doc) Revised 12/08/2004

Registration No. 26,598

(513) 627-2996

Certificates of Mailing or Facsimile Transmission	
I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being submitted as indicated below:	
1) X) Facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 577-9304	
John J. Yeltz Name	26,505 Registration No. (if applicable)
Signature: 	
Date: 3/14/05	

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT

COMMISSIONER FOR PATENTS  
VIA FACSIMILE 703/872-9306

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/713,452  
Applicant(s) : Leslie Dawn Waits  
Filed : 11/14/2003  
Title : Automatic Dishwashing Detergent Composition  
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TC/A.U. : 1700/1751  
Examiner : J.M. Petrunio  
Conf. No. : 9644  
Docket No. : 9101  
Customer No. : 27752

1.  No additional fees (claims fees or extension fees) are known to be required.
2.  The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	
<b>TOTAL</b>	<b>* 26</b>	<b>MINUS</b>	<b>** \$50 =</b>
<b>INDEP.</b>	<b>* 2</b>	<b>MINUS</b>	<b>** \$200 =</b>
<b>FIRST PRESENTATION OF MULTIPLE DEP. CLAIM</b>			<b>+\$360 =</b>
			<b>TOTAL</b>

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. [X] The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated 11/17/2004 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$120.00 for a one-month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. [x] Any patent application processing fees under 37 CFR §1.16.
  - b. [x] Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

**THE PROCTER & GAMBLE COMPANY**

By

---

**Jerry J. Yetter**

Registration No. 26,598  
(513) 627-2996

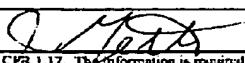
Date: March 16, 2005

Customer No. 27752

(Transam4.doc) Revised 12/08/2004

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete if Known</b>	
Patent fees are subject to annual revision. Effective December 8, 2004		Application Number	10/713,452
		Confirmation Number	9644
		Filing Date	11/14/2003
		First Named Inventor	Waits
		Examiner Name	J.M. Petruncio
		Art Unit	1751
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 120.00		Attorney Docket No.	9101

<b>METHOD OF PAYMENT</b>			<b>FEE CALCULATION (continued)</b>																																											
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480</p> <p>Deposit Account Name: The Procter &amp; Gamble Company</p>			<p>5. <b>ADDITIONAL FEES</b></p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Fee Description</u></th> <th style="text-align: right;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td style="text-align: right;">(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td style="text-align: right;">(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td style="text-align: right;">(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td style="text-align: right;">(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td style="text-align: right;">(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td style="text-align: right;">(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Fee Description</u>	<u>Fee Paid</u>	Extension for reply within 1 <sup>st</sup> month	(\$120) <input type="checkbox"/>	Extension for reply within 2 <sup>nd</sup> month	(\$450) <input type="checkbox"/>	Extension for reply within 3 <sup>rd</sup> month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 <sup>th</sup> month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 <sup>th</sup> month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other:	<input type="checkbox"/>												
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<p>2. <b>BASIC FILING FEE - Large Entity</b></p> <table border="0"> <thead> <tr> <th style="text-align: center;"><u>FILING FEE</u></th> <th style="text-align: center;"><u>SEARCH FEE</u></th> <th style="text-align: center;"><u>EXAMINATION FEE</u></th> </tr> </thead> <tbody> <tr> <td><u>Application</u></td> <td></td> <td></td> </tr> <tr> <td><u>Type</u></td> <td></td> <td></td> <td style="text-align: right;"><u>Fee Paid</u></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td style="text-align: right;">(\$200)</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td style="text-align: right;">(\$130)</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td style="text-align: right;">(\$600)</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td style="text-align: right;">(\$200) <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table>			<u>FILING FEE</u>	<u>SEARCH FEE</u>	<u>EXAMINATION FEE</u>	<u>Application</u>			<u>Type</u>			<u>Fee Paid</u>	Utility	(\$300)	(\$500)	(\$200)				(Total = \$1000) <input type="checkbox"/>	Design	(\$200)	(\$100)	(\$130)				(Total = \$430) <input type="checkbox"/>	Reissue	(\$300)	(\$500)	(\$600)				(Total = \$1400) <input type="checkbox"/>	Provisional filing fee			(\$200) <input type="checkbox"/>				(Total = \$200) <input type="checkbox"/>		
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<p>3. <b>APPLICATION SIZE FEE:</b></p> <p>Sheets of Spec and Drawings <input type="checkbox"/></p> <p>(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p> <p style="text-align: right;"><b>SUBTOTAL (2)+(3) (\$)</b> <input type="checkbox"/></p>																																														
<p>4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b></p> <table border="0"> <thead> <tr> <th style="text-align: center;"><u>Extra Claims</u></th> <th style="text-align: center;"><u>Fee from Below</u></th> <th style="text-align: center;"><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p><b>Fee Description</b></p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p style="text-align: right;"><b>SUBTOTAL (4) (\$)</b> <input type="checkbox"/></p>			<u>Extra Claims</u>	<u>Fee from Below</u>	<u>Fee Paid</u>	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>			<b>SUBTOTAL(5) (\$)</b> <input type="checkbox"/> 120																															
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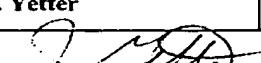
<b>SUBMITTED BY</b>		Complete (if applicable)		
Name (Print/Type)	Jerry J. Yetter	Registration No. (Attorney/Agent)	26,598	Telephone (513) 627-2996
Signature				Date March 16, 2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Fedtrans.doc (Revised for P&G use 01/24/2005)

<b>FEET TRANSMITTAL</b> <b>for FY 2005</b> Patent fees are subject to annual revision. Effective December 8, 2004		<b>Complete If Known</b>	
		Application Number	10/713,452
		Confirmation Number	9644
		Filing Date	11/14/2003
		First Named Inventor	Waits
		Examiner Name	J.M. Petruncio
		Art Unit	1751
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> 120.00		Attorney Docket No. 9101	

<b>METHOD OF PAYMENT</b>			<b>FEET CALCULATION (continued)</b>																																							
<p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480 Deposit Account Name: The Procter &amp; Gamble Company</p>			<p>5. <b>ADDITIONAL FEES</b></p> <table border="0"> <thead> <tr> <th style="text-align: left;"><b>Fee Description</b></th> <th style="text-align: right;"><b>Fee Paid</b></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td style="text-align: right;">(\$120) [ ]</td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td style="text-align: right;">(\$450) [ ]</td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td style="text-align: right;">(\$1,020) [ ]</td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td style="text-align: right;">(\$1,590) [ ]</td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td style="text-align: right;">(\$2,160) [ ]</td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) [ ]</td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) [ ]</td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td style="text-align: right;">(\$50) [ ]</td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) [ ]</td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$500) [ ]</td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$500) [ ]</td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,000) [ ]</td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,370) [ ]</td> </tr> <tr> <td>Other: _____</td> <td style="text-align: right;">[ ]</td> </tr> </tbody> </table>		<b>Fee Description</b>	<b>Fee Paid</b>	Extension for reply within 1 <sup>st</sup> month	(\$120) [ ]	Extension for reply within 2 <sup>nd</sup> month	(\$450) [ ]	Extension for reply within 3 <sup>rd</sup> month	(\$1,020) [ ]	Extension for reply within 4 <sup>th</sup> month	(\$1,590) [ ]	Extension for reply within 5 <sup>th</sup> month	(\$2,160) [ ]	Information Disclosure Statement fee	(\$180) [ ]	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) [ ]	37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) [ ]	Non-English specification	(\$130) [ ]	Notice of Appeal	(\$500) [ ]	Filing a brief in support of an appeal	(\$500) [ ]	Request for oral hearing	(\$1,000) [ ]	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) [ ]	Other: _____	[ ]								
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<p>3. <b>APPLICATION SIZE FEE:</b> Sheets of Spec and Drawings [ ] (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)</p>			<b>SUBTOTAL (2)+(3) (\$)</b> [ ]																																							
<p>4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b></p> <table border="0"> <thead> <tr> <th style="text-align: center;"><b>Extra Claims</b></th> <th style="text-align: center;"><b>Fee from Below</b></th> <th style="text-align: center;"><b>Fee Paid</b></th> </tr> </thead> <tbody> <tr> <td>Total Claims [ ] - 20** = [ ] x [ ] = [ ]</td> <td></td> <td></td> </tr> <tr> <td>Independent Claims [ ] - 3** = [ ] x [ ] = [ ]</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims: [ ] = [ ]</td> <td></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p><b>Fee Description</b></p> <p>Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) *Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) *Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p>			<b>Extra Claims</b>	<b>Fee from Below</b>	<b>Fee Paid</b>	Total Claims [ ] - 20** = [ ] x [ ] = [ ]			Independent Claims [ ] - 3** = [ ] x [ ] = [ ]			Multiple Dependent claims: [ ] = [ ]			<b>SUBTOTAL (4) (\$)</b> [ ]																											
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<b>SUBMITTED BY</b>		Complete (if applicable)		
Name (Print/Type)	Jerry J. Yetter	Registration No. (Attorney/Agent)	26,598	Telephone (513) 627-2996
Signature				Date March 16, 2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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